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Date: April 12, 2005
To: Examiner C.M. Kam
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Facsimile No. 1 (571) 273-0948
From: Roberta L. Robins
Re: Serial No. 09/187,661
Message: Please see attached Supplemental Amendment and Terminal
Disclaimer to be made of official record in the above-referenced case.

Total number of pages, including this cover sheet: 12


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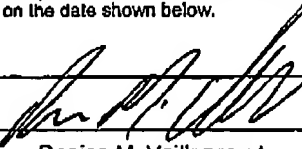
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PTO/SB/21 (09-04)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/187,661
	Filing Date	November 6, 1998
	First Named Inventor	Shirley et al.
	Art Unit	1653
	Examiner Name	C.M. Kam
	Attorney Docket Number	PP01468.0103
Total Number of Pages In This Submission		11

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply (supplemental) 7 pages <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks The Commissioner is authorized to charge any additional fees to Deposit Account 18-1648.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Chiron Corporation		
Signature			
Printed name	Roberta L. Robins		
Date	4/12/05	Reg. No.	33,208

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being deposited via facsimile to (571) 273-0948, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name	Denise M. Vaillancourt	Date	4/12/05